

REPORT OF OPERATION OF WATER TREATMENT PLANT

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

**Drinking Water Branch 66-34
100 N. Senate Avenue
P.O. Box 6015
Indianapolis, IN 46206-6015
(317) 308-3308**

**REPORT EMERGENCIES IMMEDIATELY
(888) 233-7745
NIGHTS OR WEEKENDS**



MONTHLY REPORT OF OPERATION
WATER TREATMENT PLANT

State Form 34609 (R6 / 3-04)

INDIANA DEPARTMENT OF
ENVIRONMENTAL MANAGEMENT

System Name _____ PWSID Number _____

For the Month of _____, _____ IDEM Field Rep. _____

Signed _____ Title _____

I certify **under penalty of law** by this signature that this document was prepared by me or Under my direction and the information submitted is to the best of my knowledge and belief, true, accurate, and complete. **I am also aware that there are significant penalties for submitting false information.**

Certification Number _____

PHYSICAL AND CHEMICAL DATA *

Date	Turbidity		Alkalinity		pH		Hardness		Iron		Manganese		Phosphate	Fluoride	
	Raw	Finished	Raw	Finished	Raw	Finished	Raw	Finished	Raw	Finished	Raw	Finished	Finished	Finished	
1															
2															
3															
4															
5															
6															
7															
8															
9															
10															
11															
12															
13															
14															
15															
16															
17															
18															
19															
20															
21															
22															
23															
24															
25															
26															
27															
28															
29															
30															
31															

* All parameters are to be expressed in mg/l except pH and turbidity
DUE BY THE 10TH OF THE MONTH FOLLOWING THE REPORTING PERIOD.

Date	Water Treated	Chemicals Used -- Pounds								Filters		Chlorine Residual				Remarks	
	1000 gallons	Salt	Alum	Lime	Soda Ash	Carbon	Chlorine	Fluoride	Phos-phate	Filter Run (hours)	Gallons per wash x 1000	Plant Tap		D. S.			
												Free	Total	Free	Total		
1																	
2																	
3																	
4																	
5																	
6																	
7																	
8																	
9																	
10																	
11																	
12																	
13																	
14																	
15																	
16																	
17																	
18																	
19																	
20																	
21																Monthly Water Treatment	
22																Total Gallons	
23																Max. Day	
24																Min. Day	
25																Avg. Daily	
26																	
27																	
28																Mail To: Department of Environmental Management Drinking Water Branch 66-34 100 N. Senate Ave. P. O. Box 6015 Indianapolis, IN 46206-6015	
29																	
30																	
31																	